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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)**Attorney Docket Number**

ROSA 0104 PUS

**First Named Inventor**

Andy Rosa, et al.

**COMPLETE IF KNOWN**

Application Number

/ Applied For

Filing Date

Herewith

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUID APPLICATION SYSTEM AND METHOD

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

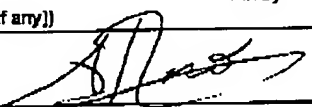
[Page 1 of 2]

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10039889 "101901"

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Robert P. Renke Artz & Artz, P.C.			
Address 28333 Telegraph Road Suite 250			
City Southfield	State MI	ZIP 48034	
Country U.S.A.	Telephone 248-223-9500	Fax 248-223-9522	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Andy		Family Name or Surname Rosa	
Inventor's Signature 		Date 9-30-01	
Residence: City Naperville	State IL	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2219 Periwinkle Lane			
City Naperville	State IL	ZIP 60540	Country U.S.A.
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Paul		Family Name or Surname Wilson	
Inventor's Signature		Date	
Residence: City Canton	State GA	Country U.S.A.	Citizenship U.S.A.
Mailing Address 110 Orchard Drive			
City Canton	State GA	ZIP 30115	Country U.S.A.
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

10039393 "101904

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMD 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address belowRobert P. Renke  
Artz & Artz, P.C.  
Name28333 Telegraph Road  
Suite 250  
Address

City Southfield

State MI

ZIP 48034

Country U.S.A.

Telephone 248-223-9500

Fax 248-223-9522

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name Andy  
(first and middle (if any))Family Name Rosa  
or SurnameInventor's  
Signature

Date

Residence: City

Naperville

State IL

Country U.S.A.

Citizenship

U.S.A.

Mailing Address 2219 Periwinkle Lane

City Naperville

State IL

ZIP 60540

Country

U.S.A.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Paul  
(first and middle (if any))Family Name Wilson  
or SurnameInventor's  
Signature

Date

10-12-01

Residence: City

Canton

State GA

Country U.S.A.

Citizenship

U.S.A.

Mailing Address 110 Orchard Drive

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State GA

ZIP 30115

Country

U.S.A.

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box ☒

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0851-0035

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Applied For
Filing Date	Herewith
First Named Inventor	Andy Rosa, et al.
Title	FLUID APPLICATION SYSTEM AND METHOD
Group Art Unit	
Examiner Name	
Attorney Docket Number	ROSA 0104 PUS

I hereby appoint:

- ☐ Practitioners at Customer Number    
OR

- ☒ Practitioner(s) named below:

Name	Registration Number
ROBERT P. RENKE	40,783
JOHN A. ARTZ	25,824

Place Customer  
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address

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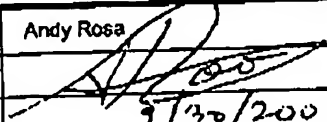
Fax

I am the:

- ☒ Applicant/Inventor.

- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

### SIGNATURE of Applicant or Assignee of Record

Name	Andy Rosa
Signature	
Date	9/30/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 2 forms are submitted.

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FORM 5866-001

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0851-0035

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AUTHORIZATION OF AGENT**

Application Number	Applied For
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Title	FLUID APPLICATION SYSTEM AND METHOD
Group Art Unit	
Examiner Name	
Attorney Docket Number	ROSA 0104 PUS

I hereby appoint:

☐ Practitioners at Customer Number  →Place Customer  
Number Bar Code  
Label here☒ Practitioner(s) named below:

Name	Registration Number
ROBERT P. RENKE	40,783
JOHN A. ARTZ	25,824

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Paul Wilson

Signature

Date

10-12-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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